

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/798,434

FILING DATE

APPLICANT(S)

3-12-04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
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44	/					
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46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	↓		↓		↓	
TOTAL DER.	↓		↓		↓	
TOTAL CLAIMS						

	3-12-04					
	IND.	DER.	IND.	DER.	IND.	DER.
51	/					
52	/					
53	/					
54	/					
55	/					
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97						
98						
99						
100						
TOTAL IND.	2	↓		↓		↓
TOTAL DER.	64	↓		↓		↓
TOTAL CLAIMS	66					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS